

2381

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 541	
1. PLACE OF DEATH		COUNTY <u>Yuma</u>		STATE <u>ARIZONA</u>		REGISTERED NO. <u>148</u>	
TOWNSHIP <u>Yuma</u>		CITY <u>Yuma</u>		OR VILLAGE _____		ST. _____ WARD _____	
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>30</u> YRS. <u>0</u> MOS. <u>0</u> DS.		(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF CITY AND NUMBER)		HOSPITAL OR INSTITUTION _____		YRS. _____ MOS. _____ DS. _____	
2. FULL NAME <u>William Robinson</u>		HOW LONG IN STATE WHEN DEATH OCCURRED <u>30</u> YRS. <u>0</u> MOS. <u>0</u> DS.		ST. _____ WARD _____		(IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)	
(A) RESIDENCE: NO. _____		USUAL PLACE OF ABODE _____		MEDICAL CERTIFICATE OF DEATH		DATE <u>July 23</u> , 19 <u>36</u>	
PERSONAL AND STATISTICAL PARTICULARS		3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) _____	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 22, 1862</u>		7. AGE YEARS MONTHS DAYS <u>74</u> <u>4</u> <u>1</u>		IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. _____		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Franklin Co. Ohio</u>		13. NAME <u>Robinson</u>		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) _____		15. MAIDEN NAME _____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Yuma Arizona</u>		17. INFORMANT (ADDRESS) <u>Yuma Arizona</u>		18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Yuma Arizona</u>		DATE <u>7/23/36</u>	
19. EMBALMER (ADDRESS) <u>Yuma Arizona</u>		FUNERAL DIRECTOR (ADDRESS) <u>Yuma Arizona</u>		20. FILED <u>July 23, 1936</u>		Mary <u>Robinson</u>	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 23, 1936</u>		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____.		LAST SAW H. _____ ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____.		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Heat Prostration</u>	
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____		NAME OF OPERATION _____ DATE OF _____		WHAT TEST CONFIRMED DIAGNOSIS? _____		WAS THERE AN AUTOPSY? _____	
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____		WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____		MANNER OF INJURY _____	
NATURE OF INJURY _____		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF _____		IF SO, SPECIFY _____ (SIGNED) <u>Dr. Barbara Kerner</u>		(ADDRESS) <u>Yuma Arizona</u>	
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION							